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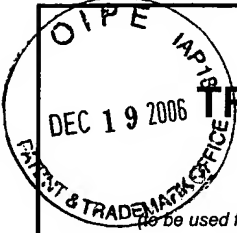
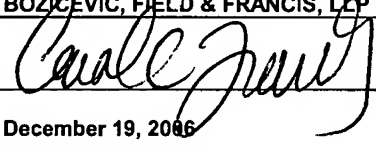


PTO/SB/21(05-03)

Approved for use through 04/30/2003. OMB 0651-0031

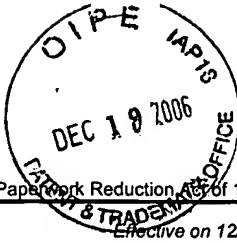
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 TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/719,007	
		Filing Date	November 20, 2003	
		First Named Inventor	JOHNSON, RANDOLPH MELLUS	
		Group Art Unit	1615	
		Examiner Name	Ghall, Isis A.D.	
Total Number of Pages in This Submission		19	Attorney Docket Number	DURE-007CON2
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Credit Card Payment Form <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Signing Attorney/Agent (Reg. No.)	CAROL L. FRANCIS, PH.D., 36,513 BOZICEVIC, FIELD & FRANCIS, LLP			
Signature				
Date	December 19, 2006			
EXPRESS MAIL LABEL NO. EV 687 640 730 US				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
Effective on 12/08/2004.

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**650.00****Complete if Known**

Application Number	10/719,007
Filing Date	November 20, 2003
First Named Inventor	JOHNSON, RANDOLPH MELLUS
Examiner Name	Ghali, Isis A. D.
Art Unit	1615
Attorney Docket No.	DURE-007CON2

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ **Credit Card** ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ **Deposit Account** Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
52	- 20 or HP =	8	x	\$50	=	\$400.00	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20								
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>		
3	- 3 or HP =	0	x	0	=	0		
HP = highest number of independent claims paid for, if greater than 3								

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **Terminal Disclaimer (\$130) and One Month Extension of Time (\$120)**

Fee Paid (\$)

\$250.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,513	Telephone (650) 327-3400
Name (Print/Type)	Carol L. Francis, Ph.D.	Date	12/19/2006

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